



HazMat Training

Pre-Registration Form

Personal Information

Please print clearly, as name will appear on certificate

_____	_____	_____	_____	_____
First Name	MI	Last Name	SSN	Date of Birth
_____			_____	_____
Home Address			City	State Zip
_____			_____	_____
Fire Department/Organization			City	State Zip
_____			_____	_____
Home Phone			Daytime Phone	Fax E-mail Address

Check all that apply

Course or Training

- ☐ Awareness ☐ Operations ☐ Technician
- ☐ Other _____
- _____

- ☐ Paid Fire Fighter
- ☐ Volunteer Fire Fighter
- ☐ Student
- ☐ EMS
- ☐ Law Enforcement
- ☐ Emergency Management
- ☐ Industrial Fire Fighter
- ☐ Other

Location

Name and Address of Host
Department/Organization

Applicants Signature _____ Date: _____

Mail or Fax to: Kansas State Fire Marshal HazMat Division 700 SW Jackson, Suite 600 Topeka, Kansas 66603-3714.

Fax # 785-296-0151